

Permit #

Fees

Check #

Workers Comp. Verified: YES NO



1101 EAST 1ST STREET

Sanford, Fl 32771

PHONE: 407-665-7050

FAX: 407-665-7486

SEMINOLE COUNTY RESIDENTIAL PERMIT APPLICATION

Job Street Address:		Date:	
City:		Zip:	
Parcel ID:			
Directions to Job Site			
Owner Name:			
Address:			
City/ St/ Zip			
Phone:		Fax:	
Contractor			
Address:			
City/ St/ Zip			
Phone:		Fax:	
Lic. Holder Name:		Lic. Number	
EMAIL:			
Contact Person:		Phone:	
***** Attach proof of Ownership: Tax record from Seminole County Property Appraiser's Office, Tax Receipt or Deed, etc. *****			
Parcel ID:			
Plat Book			
Subdivision Name:			
<u>Description of Work:</u>			
Valuation of Work (Estimate): \$			
Total SQ Footage:		Total HVAC/Living SpaceSQ FT:	
SQ Footage area affected by work performed: (FL State Statute 553.721 & 468.631)			
Will trees be removed? NO YES (If yes, COMPLETE an Arbor Permit Application)			
<u>Utilities</u> Circle items that apply			
Septic Tank		Well Existing Well Public Water Public Sewer	
Utility Letter (Include utility letter from appropriate agency)			
<u>Subcontractors</u>	<u>License #</u>	<u>Business Name and/or License Holders Name</u>	
ELECTRICAL			
MECHANICAL			
PLUMBING			
ROOFING			
LOW VOLTAGE			
GAS			
IRRIGATION			
OTHER			
NOTICE: THIS PERMIT BECOMES NULL AND VOID IF WORK OR CONSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS OR IF CONSTRUCTION OR WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS AT ANY TIME AFTER WORK IS COMMENCED.			
I HEARBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT, THE GRANTING OF A PERMIT DOES NOT PRESSUME TO GIVE AUTHORITY OR VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PERMANENCE OR CONSTRUCTION.			
THE VALUATION FOR THIS PERMIT WILL BE CALCULATED USING THE ICC BUILDING VALUATION DATA USING THE GOOD CATEGORY. BY MY SIGNATURE, I ACKNOWLEDGE THIS FACT AND WAIVE ANY RIGHTS TO APPEAL SAID VALUATION AND OR PERMIT FEES.			
I HEREBY CERTIFY THAT AT THE TIME OF THE APPLICATION AND ISSUANCE OF THE ABOVE PERMIT, ALL NECESSARY WORKMEN'S COMPENSATION INSURANCE REQUIRED BY THE STATE OF FLORIDA HAS BEEN OBTATINED TO EFFECT THE PROPER PROTECTION OF THOSE WORKERS UNDER MY EMPLOY.			
Signature of Contractor/Owner		Date	
Printed Name		Date	